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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted With Initial Filing
OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 12707 P04

First Named Inventor Paul Moeltgen et al.

COMPLETE IF KNOWN

Application Number 10/088,849

Filing Date March 21, 2002

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Al2O3/SiC NANOCOMPOSITE ABRASIVE GRAINS, METHOD FOR PRODUCING
THEM AND THEIR USE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) March 21, 2002 as United States Application Number or PCT International

Application Number 10/088,849 and was amended on (MM/DD/YYYY) March 21, 2002 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
PCT/EP00/09230 199 45 335.7	PCT Germany	09/21/2000 09/22/1999		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name <u>Paul</u>			Family Name <u>MOELTGEN</u> or Surname		
Inventor's Signature <u>P. Moeltgen</u>				Date <u>14.06.02</u>	
Residence: City <u>Laufenburg</u>		State	Country <u>GERMANY DEX</u>	Citizenship <u>GERMANY</u>	
Mailing Address <u>c/o TREIBACHER SCHLEIFMITTEL GmbH</u>					
Mailing Address <u>Ferroweg 1</u>					
City <u>Laufenburg</u>		State	ZIP <u>79725</u>	Country <u>GERMANY</u>	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name <u>Pirmin</u>			Family Name <u>WILHELM</u> or Surname		
Inventor's Signature <u>P. Pirmin</u>		Date <u>17.06.02</u>			
Residence: City <u>Laufenburg-Binzgen</u>		State	Country <u>GERMANY DEX</u>	Citizenship <u>GERMANY</u>	
Mailing Address <u>c/o TREIBACHER SCHLEIFMITTEL GmbH</u>					
Mailing Address <u>Ferroweg 1</u>					
City <u>Laufenburg</u>		State	ZIP <u>79725</u>	Country <u>GERMANY</u>	
<input checked="" type="checkbox"/> Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Anne Louise Ghislaine</u>		Family Name or Surname <u>LERICHE</u>	
Inventor's Signature <i>Anne Leriche</i>		Date <u>23.06.02</u>	
Residence: City <u>Soignies</u>	State	Country <u>BELGIUM</u>	Citizenship <u>FRENCH</u>
Mailing Address <u>17, rue Ferrer</u>			
Mailing Address			
City <u>Soignies</u>	State	ZIP <u>7060</u>	Country <u>BELGIUM</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Christine Marie Renee</u>		Family Name or Surname <u>KERMEL-KIM</u>	
Inventor's Signature <i>Chermel</i>		Date <u>24.06.2002</u>	
Residence: City <u>Saint Quay Perros</u>	State	Country <u>FRANCE</u>	Citizenship <u>FRENCH</u>
Mailing Address <u>13, rue Park ar C'hra</u>			
Mailing Address			
City <u>St. Quay Perros</u>	State	Zip <u>22700</u>	Country <u>FRANCE</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Georg</u>		Family Name or Surname <u>GOTTSCHAMEL</u>	
Inventor's Signature <i>Georg Gottschamel</i>		Date <u>01 July 2002</u>	
Residence: City <u>Guttaring</u>	State	Country <u>AUSTRIA</u>	Citizenship <u>AUSTRIAN</u>
Mailing Address <u>Mallnerweg 11</u>			
Mailing Address			
City <u>Guttaring</u>	State	Zip <u>9334</u>	Country <u>AUSTRIA</u>

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/088,8849
	Filing Date	March 21, 2002
	First Named Inventor	
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	12707 P04

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I am the:

☒ Applicant.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Paul MOELTGEN

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/088,849
	Filing Date	03/21/2002
	First Named Inventor	Paul Moeltgen
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	12707 P04US

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SIGNATURE of Applicant or Assignee of Record

Name

Pirmin Wilhelm

Signature

Date

17.06.02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/088,849
Filing Date	March 21, 2002
First Named Inventor	Paul Moeltgen et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	12707 P04

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SIGNATURE of Applicant or Assignee of Record

Name Georg GOTTSCHAMEL

Signature

Georg Gottschamel

Date

1. July 2002

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Attorney Docket Number	12707 P04

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SIGNATURE of Applicant or Assignee of Record

Name Christine Marie Renee KERMEL-KIM

Signature

Date

24.06.2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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SIGNATURE of Applicant or Assignee of Record

Name Anne Louise Ghislaine LERICHE

Signature

Date

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